## Virginia Reportable Disease List

Reporting of the following diseases is required by state law (§32.1-36 and §32.1-37 of the Code of Virginia and 12VAC5-90-80 and 12VAC5-90-90 of the Board of Health Regulations for Disease Reporting and Control, <a href="http://www.vdh.virginia.gov/epidemiology/regulations.htm">http://www.vdh.virginia.gov/epidemiology/regulations.htm</a>). Report all conditions when suspected or confirmed to your local health department within three days on an <a href="http://www.vdh.virginia.gov/epidemiology/regulations.htm">Epi-1 form</a>, except those listed in <a href="https://www.vdh.virginia.gov/epidemiology/regulations.htm">RED</a> must be reported immediately by the most rapid means available.

Acquired immunodeficiency syndrome (AIDS) MONKEYPOX Amebiasis Mumps 🖢 ■ ANTHRAX MYCOBACTERIAL DISEASES (INCLUDING AFB), Arboviral infections (e.g., dengue, EEE, LAC, SLE, WNV) II (IDENTIFICATION OF ORGANISM) AND DRUG SUSCEPTIBILITY BOTULISM Ophthalmia neonatorum **■** BRUCELLOSIS **OUTBREAKS**, ALL (including but not limited to Campylobacteriosis foodborne, healthcare-associated, occupational, toxic ♠ Chancroid substance-related, and waterborne) Chickenpox (Varicella) **I №** PERTUSSIS 🖢 Chlamydia trachomatis infection **■** PLAGUE ■ CHOLERA ■ POLIOVIRUS INFECTION, INCLUDING POLIOMYELITIS Creutzfeldt-Jakob disease if <55 years of age</p> **PSITTACOSIS** ♠ Cryptosporidiosis **II** ♦ Q FEVER Cyclosporiasis RABIES, HUMAN AND ANIMAL I 2 DIPHTHERIA Rabies treatment, post-exposure DISEASE CAUSED BY AN AGENT THAT MAY 🖢 RUBELLA, INCLUDING CONGENITAL RUBELLA **HAVE BEEN USED AS A WEAPON SYNDROME** Ehrlichiosis/Anaplasmosis ■ Salmonellosis ^ ■ \( \frac{1}{2} \) Escherichia coli infection, Shiga toxin-producing SEVERE ACUTE RESPIRATORY SYNDROME (SARS) Giardiasis ■ Shigellosis Gonorrhea SMALLPOX (VARIOLA) Granuloma inguinale Spotted fever rickettsiosis ■ **HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE** Staphylococcus aureus infection, hantavirus pulmonary syndrome (invasive methicillin-resistant) and Hemolytic uremic syndrome (HUS) (vancomycin-intermediate or vancomycin-resistant) HEPATITIS A ■ Streptococcal disease, Group A, invasive or toxic shock Hepatitis B (acute and chronic) Streptococcus pneumoniae infection, invasive, in children Hepatitis C (acute and chronic) <5 years of age Hepatitis, other acute viral Syphilis (report PRIMARY and SECONDARY immediately) Human immunodeficiency virus (HIV) infection Tetanus # 1nfluenza Toxic substance-related illness (report INFLUENZA A, NOVEL VIRUS immediately) Trichinosis (Trichinellosis) **INFLUENZA-ASSOCIATED DEATHS IN CHILDREN ■** TUBERCULOSIS, ACTIVE DISEASE <18 YEARS OF AGE Tuberculosis infection in children <4 years of age Lead, elevated blood levels **₹** TULAREMIA Legionellosis **■** TYPHOID/PARATYPHOID FEVER Leprosy (Hansen disease) **UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC** ■ Listeriosis **HEALTH CONCERN** Lvme disease 🖢 VACCINIA, DISEASE OR ADVERSE EVENT Lymphogranuloma venereum **№ VIBRIO INFECTION** Malaria VIRAL HEMORRHAGIC FEVER MEASLES (RUBEOLA) YELLOW FEVER **■** MENINGOCOCCAL DISEASE ■ 

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- These conditions are reportable by directors of laboratories. In addition, these and all other conditions except methicillin-resistant Staphylococcus aureus (MRSA), invasive and mycobacterial diseases are reportable by physicians and directors of medical care facilities. Laboratory reports may be by computer-generated printout, Epi-1 form, CDC surveillance form, or upon agreement with VDH, by means of secure electronic transmission.
- A laboratory identifying evidence of these conditions shall notify the local health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS) or, for tuberculosis, to another lab designated by the Board.
- ^ Laboratories that use a Shiga toxin EIA methodology without a simultaneous culture should forward all positive stool specimens or positive broth cultures to DCLS for confirmation and further characterization.
- # Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus should be reported immediately by rapid means.
- Note: 1. Central line-associated bloodstream infections in adult intensive care units are reportable. Contact the VDH Healthcare-Associated Infections Program at (804) 864-8141 or see 12VAC5-90-370 for more information.
  - 2. Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 or see 12VAC5-90-150-180 for more information.

